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CONFIRMATION NO. 2739

<b>SERIAL NUMBER</b> 10/035,053	<b>FILING OR 371(c) DATE</b> 12/28/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 21429-PA
<b>APPLICANTS</b> Paolo Di Emidio, Controguerra (TE), ITALY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> ITALY MC2001 U 000029 06/15/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/01/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP 502 Washington Avenue Suite 220 Towson ,MD 21204				
<b>TITLE</b> ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS				
<b>FILING FEE RECEIVED</b> 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees.( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	